08145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 hr 25 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) R. (Last) Adams.
4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1949

5. SEX, Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9/7/44
9. AGE last birthday 4 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr George P. Adams
14. MOTHER'S MAIDEN NAME Mary Louise Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr George P. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial injury — 3 hrs

834.1 Antecedent cause(s)

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm
(CITY OR TOWN) Denton (COUNTY) Caroline (STATE) Md.
TIME OF INJURY (Month) Aug (Day) 12 (Year) 1949 (Hour) 8 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell from automobile

22. I hereby certify that I attended the deceased from Did not see him alive, 19....., to ....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:20 p.m. EDT, from the causes and on the date stated above.

SIGNATURE Hanson & George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 15, 1949
NAME OF CEMETERY OR CREMATORY DENTON
LOCATION (City, town, or county) (State) DENTON, CAROLINE, MD.

DATE REC'D BY LOCAL REG. 8/13/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Virgil Moore Son, ADDRESS Denton.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 23 1949
BUREAU V. S.

08146

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwood.
STREET ADDRESS (If rural, give location)

8 A.M.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Howard (Last) Barner
4. DATE OF DEATH (Month) Aug- (Day) 3- (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 18-1874
9. AGE last birthday 74 yrs. If under 1 year: Months 7 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Logantown, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Barner
14. MOTHER'S MAIDEN NAME Mary Barner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 199-07-8384
17. INFORMANT AND ADDRESS George W. Barner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	died suddenly
	Antecedent cause(s)	Coronary arteriosclerosis	
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to Aug, 1949, that I last saw the deceased alive on 13 [illegible], 1947, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 3 Aug 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Aug-6-1949
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Logantown Penna. (State)

DATE REC'D BY LOCAL REG. 8/4/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR John D. Williams ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08147

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) 36 West St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) Benson
4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1949
5. SEX: F.
6. COLOR OR RACE: B
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 9, 1886
9. AGE last birthday: 63 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W Mines
14. MOTHER'S MAIDEN NAME: Sarah Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Wilson Benson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175 Immediate cause (a) Carcinoma of Ovary — 1 yr.

Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to Aug 9, 1949, that I last saw the deceased alive on Aug 9, 1949, and that death occurred at 11:17 p.m. EDST, from the causes and on the date stated above.

SIGNATURE: W. F. Buell | (Degree or title) MD | ADDRESS Easton Md | DATE SIGNED 8-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 8/12/49 | NAME OF CEMETERY OR CREMATORY Tuckahoe | LOCATION (City, town, or county) Tuckahoe (State) Md

DATE REC'D BY LOCAL REG. 8/10/49 | REGISTRAR'S SIGNATURE M. H. Mervis | 24. FUNERAL DIRECTOR Earle W Stafford | ADDRESS

RECEIVED
AUG 15 1949
BUREAU V. S.

08148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr. St Michaels
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY G.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) C. (Last) Breeding
4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 16 1919
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Oiler
11. BIRTHPLACE (State or foreign country) Stevensville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry P. Breeding
14. MOTHER'S MAIDEN NAME Jennie Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World war 2
16. SOCIAL SECURITY NO. 216-18-6292
17. INFORMANT Mrs Harry P. Breeding Stevensville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning — Immed

929.8
183

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) Mr St Michaels (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 6 (Year) 49 (Hour) 10 30A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? drowned while swimming in river

22. I hereby certify that ~~I attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 30A m., from the causes and on the date stated above.

SIGNATURE Louis S Welty M.D. (Degree or title) DME ADDRESS Easton Md DATE SIGNED 8-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/8/49
NAME OF CEMETERY OR CREMATORY Stevensville Cemetery
LOCATION (City, town, or county) Stevensville (State) Md.

DATE REC'D BY LOCAL REG. 8/6/49
REGISTRAR'S SIGNATURE Mrs Robt. L. Seth
24. FUNERAL DIRECTOR Newnam & Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08149

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH · COUNTY Talbot · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elena (Middle) (Last) Butler
4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 15, 1869
9. AGE last birthday 80 yrs. If under 1 year Months 2 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Dennis
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Dora Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Uremia — 5 yrs

450.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerotic Nephritis

131a (c) Generalized Arterioslerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Total Blindness Both eyes

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ##########
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.10.49, 19....., to 8.18.49, 19....., that I last saw the deceased alive on 8.17.49, 19....., and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE Robert B. Lewis (Degree or title) M.D. ADDRESS St. Michaels, Md. DATE SIGNED 8.19.49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/21/49 NAME OF CEMETERY OR CREMATORY St. Michaels Colored LOCATION (City, town, or county) St. Michaels, Talbot (State) Md.

DATE REC'D BY LOCAL REG. Aug 19/49 REGISTRAR'S SIGNATURE Mrs. Robt. R. Lewis

24. FUNERAL DIRECTOR Norman V. Marshall ADDRESS St Michaels Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.

08150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
LENGTH OF STAY (In this place) All of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. Easton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) (Rural) Near Easton

3. NAME OF DECEASED (Type or Print) (First) William (Middle) E. (Last) Chase

4. DATE OF DEATH (Month) Aug. (Day) 2(2) (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 21, 1895
9. AGE last birthday 54 yrs. If under 1 year Months 4 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Easton-Talbot-Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Chase
14. MOTHER'S MAIDEN NAME Rosie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-09-5386
17. INFORMANT Doraphine Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
331	Immediate cause	(a) Cerebral Hemorrhage	4 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	yrs
		(c) Previous Left Hemiplegia	2½ yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1945, to 8-2, 1949, that I last saw the deceased alive on 8-2, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE M. F. Burell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8-3-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 5, 1949
NAME OF CEMETERY OR CREMATORY Williamsburg
LOCATION (City, town, or county) Easton, Talbot (State) Md.

DATE REC'D BY LOCAL REG. 8/3/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newnam & Son-Easton Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018151

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
LENGTH OF STAY (In this place) 14 hrs. 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Route 1,

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Cooper.

4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 12/25/85

9. AGE last birthday: 63 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Cooper

14. MOTHER'S MAIDEN NAME: Maria Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT: Mamie Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis. — Interval Between Onset and Death: 24 hrs

570.3 Antecedent cause(s)

99 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Valvular — 24 hrs

(c) Intestinal Obstruction — 24 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 5, 1949, to August 6, 1949, that I last saw the deceased alive on August 6, 1949, and that death occurred at 4:50 E.D.T. p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
M. F. Buell	M.D.	Easton	Md	8-8-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 9 49	Copperville Cemetery	Easton, Talbot	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/7/49	M. A. Nelson	Earle Stafford	Easton Md

RECEIVED
AUG 15 1949
BUREAU V. S.

8/6

08152

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Easton Memorial Hosp. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harrison (Middle) Coursey (Last)

4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1949

5. SEX M

6. COLOR OR RACE B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH About 1867

9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Zacky Coursey

14. MOTHER'S MAIDEN NAME Wilmina Lockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Lee Coursey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
610	Immediate cause	(a) Nephrosclerosis	?
	Antecedent cause(s)		
131a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	?
		(c) Hypertrophied Prostate	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-6-49

19b. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6-, 1949, to 8-18-, 1949 that I last saw the deceased alive on 8-17-, 1949, and that death occurred at 5 25 a.m., from the causes and on the date stated above.

SIGNATURE P E Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/20/49 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town, or county) Denton (State) Md.

DATE REC'D BY LOCAL REG. 8/19/49 REGISTRAR'S SIGNATURE D. H. Neiris

24. FUNERAL DIRECTOR James F. Stewart, 402 E. Church St Salisbury, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08153

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: ~~Talbot~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockway Beach Ave Balto Co.
STREET ADDRESS (If rural, give location): R F D

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) M. (Last) Curtis
4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1949
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 7, 1892
9. AGE last birthday: 56 yrs. — If under 1 year: Months 7 Days 12 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carnival Helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Michael Curtis
14. MOTHER'S MAIDEN NAME: Bridgett Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War #1
16. SOCIAL SECURITY No.: 144-07-8934
17. INFORMANT: Wife Mrs Wilhemina Woods Curtis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis — 1 hr

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Aug, 1949, to 9 Aug, 1949, that I last saw the deceased alive on 9 Aug, 1949, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE: Thurston Harrison — (Degree or title): M.D. — ADDRESS: Easton Maryland — DATE SIGNED: 9 Aug '49

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial — DATE THEREOF: Aug 9, 1949 — NAME OF CEMETERY OR CREMATORY: St. Peters Balto — LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG.: 8/9/49 — REGISTRAR'S SIGNATURE: N. H. Neeves — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08154

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural give location) (Rural)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Rogers (Last) Dawkins
4. DATE OF DEATH (Month) Aug. (Day) 2 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 23, 1894
9. AGE last birthday 55 yrs. If under 1 year: Months 6 Days 9 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Dawkins
14. MOTHER'S MAIDEN NAME Emma Payne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Harry R. Dawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1949, to Aug. 2, 1949 that I last saw the deceased alive on Aug. 2, 1949, and that death occurred at 1 30 m., from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 8/3

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 5, 1949
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton, (State) Md.
DATE REC'D BY LOCAL REG. 8/4/49
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR A. Ellis Clark ADDRESS Easton, Md.

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AUG 9 1949
BUREAU V. S.

08306

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 30 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Ann.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price Station; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ben (Middle) (Last) Fisher.

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: B.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Mar. 11-1874

9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): U.S.A. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-07-6710

17. INFORMANT: Welfare Board

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Heart Lesion — INTERVAL BETWEEN ONSET AND DEATH

410 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cystitis

92 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Well

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1949, to Aug 5 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Davies Dudley Edwards Md Aug 7 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Aug 8-49 | NAME OF CEMETERY OR CREMATORY: Steverneville | LOCATION (City, town, or county) (State): Stevensville Md

DATE REC'D BY LOCAL REG. 8/6/49 | REGISTRAR'S SIGNATURE: M. A. Merrick

24. FUNERAL DIRECTOR: Edgar L Lane ADDRESS: Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08155

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Tide

1. PLACE OF DEATH — COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Oxford — LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford RD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Morton (Last) Johnson

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1949

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb. 16, 1860

9. AGE last birthday 89 yrs. — If under 1 year: Months 6, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Boston, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Johnson

14. MOTHER'S MAIDEN NAME Mary Jane Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. Howard Johnson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) CARDIO-VASCULAR DISEASE	2 yrs
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIO-SCLEROSIS	18 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1949, to 8/18, 1949, that I last saw the deceased alive on 8/15, 1949, and that death occurred at 8:15P m., from the causes and on the date stated above.

SIGNATURE E. K. Lawson MD (Degree or title) ADDRESS Oxford Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug. 20, 49 — NAME OF CEMETERY OR CREMATORY Oxford — LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REG. 8/19/49 — REGISTRAR'S SIGNATURE M. H. Nevins

24. FUNERAL DIRECTOR Allen Clark. ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08156

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot Co. | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton | LENGTH OF STAY (in this place): 14 hrs. 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland | COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	E	Kenny	8	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	July 6, 1894	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mason		Wisconsin	USA

13. FATHER'S NAME: John Kenny
14. MOTHER'S MAIDEN NAME: Anna Bart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 217-03-3047
17. INFORMANT: Mrs Clara Merritt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (290.0)	(a) Addison's Disease of adrenals	1 yr (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (65a)	(b) Pernicious anemia	Several yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-4, 1949, to 8-5, 1949 that I last saw the deceased alive on Aug. 5, 1949, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. E. Cox	M.D.	Easton Md	8-5-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/8/49	Lincoln	Preston	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/6/49	H. H. Nevins	J. Harvey Williams	Federalsburg Md

RECEIVED
AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08157

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, md. — LENGTH OF STAY (in this place) 1 hr 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb, md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rowena	Max	Kilmon	Aug.	28	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	June 5 1933	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Easton, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo Kilmon	Rowena Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	unknown	Rowena Kilmon (Mother)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 / 170 c

Immediate cause (a) Surgical shock — 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Multiple fractures

(c) Auto accident

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hi-way	Newcomb	Talbot	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	27	49	11 P m.			Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Medford	DMR	Easton Md	at 7:20 AM 8-28-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 30, 1949	Albert Cemetery	St. Michaels	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/29/49	T. H. Nevins	Newnam & Harrison	St. Michaels

VS. A15A

RECEIVED
SEP 3 1949
BUREAU V. S.

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08158

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY TALBOT, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: all his life.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Royal Oak COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) GUSTAVIS (Middle) (Last) LAWRENCE
4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓
8. DATE OF BIRTH: 2/1, 1869
9. AGE last birthday: 80 yrs. If under 1 year: Months 6 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Charles Lawrence
14. MOTHER'S MAIDEN NAME: Serena Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lutetia J Lawrence.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute Coronary Disease, Senility	10 days
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis and Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): ########
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ######
(CITY OR TOWN): ########### (COUNTY): ####### (STATE): ####
TIME OF INJURY (Month) (Day) (Year) (Hour): ############ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ####################

22. I hereby certify that I attended the deceased from 8.2., 1949, to 8.10, 1949, that I last saw the deceased alive on 8.9., 1949, and that death occurred at 1 p m., from the causes and on the date stated above.

SIGNATURE: Philip B. Lewis (Degree or title): M.D. ADDRESS: St. Michaels, Md DATE SIGNED: 8.11.49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/13/49
NAME OF CEMETERY OR CREMATORY: Colored Cemetery
LOCATION (City, town, or county): Royal Oak (State): Md
DATE REC'D BY LOCAL REG.: aug 12/49
REGISTRAR'S SIGNATURE: Mrs Robt. L. Seth
24. FUNERAL DIRECTOR: Newnam & Harrison ADDRESS: St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08159

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN m Sherwood | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Bay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Kenneth	Godfrey	Lord	8	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white		12/22/1917	31 yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet Metal		Baltimore Md.	Md.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles N. Lord	Harriet R. Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
yes	1942-1948		Mrs. Charles W. Lord Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning 8-28 — Instd

850.8 / 172 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Body recovered in Bay & brought to

(c) Sherwood on 8-31-49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Bay	Dun Bay	Talbot	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	28	49	? ?P.m.			? fell from boat - drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis J Mealy	M D	Easton Md	8-31-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	9/1/49	Washington	Hurlock	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/49	N. D. Norris	Maurice E. Howard	Easton Md

VS. A15A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08160

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md. — LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md.
STREET ADDRESS (If rural, give location): 103 Park St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Mace
4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: Aug 6, 1879
9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: 3 Fire
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr George Mace
14. MOTHER'S MAIDEN NAME: Josephine Taubman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Pauline Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Carcinoma of Liver — 1 yr (?)

Antecedent cause(s)

46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 8-25, 1949 that I last saw the deceased alive on 8/25/, 1949 and that death occurred at 12 Noon EDT m., from the causes and on the date stated above.

SIGNATURE: P E Cox — (Degree or title): M.D. — ADDRESS: Easton Md — DATE SIGNED: 8/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/27/49 — NAME OF CEMETERY OR CREMATORY: Memorial Cemetery — LOCATION (City, town, or county): Cambridge (State): Md.

DATE REC'D BY LOCAL REG.: 8/26/49 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: F. Ellis Clark — ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 3 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08161

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Julian (Last) Marine
4. DATE OF DEATH (Month) Aug. (Day) 6 (Year) 1949
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 14, 1906
9. AGE last birthday 43 yrs. If under 1 year Months 4 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stare keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frederick James Marine
14. MOTHER'S MAIDEN NAME Bethesda Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mother (Mrs. Bethesda Walls)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GSW head — INTERVAL BETWEEN ONSET AND DEATH: Immed

976

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 6 (Year) 49 (Hour) 7 5P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? GSW head

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Louis Shuty MD. (Degree or title) DME ADDRESS Easton Md DATE SIGNED 8-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 9, 1949
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REG. 8/7/49
REGISTRAR'S SIGNATURE M. H. Neerus
24. FUNERAL DIRECTOR Alvin Clark ADDRESS Easton

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AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08162

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Mcihaels, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) # E. (Last) Matthews

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb.19,1989

9. AGE last birthday: 60 yrs. If under 1 year: Months 6 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Milsboro, Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Asbury Tingle

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 222-16-8838

17. INFORMANT: Nora B. Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 Immediate cause (a) Cardiac failure — Interval between onset and death: 40 hrs.

92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart, valvulardisease, mitral with hypertrophy and dilatation.

(c) Obesity; mitral stenosis and insufficiancy;

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. asthma, bronchial; hypertension, arterial, upper respiratory, acute, generalized years.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION: Moderate overactivity with marked dehydration. Solium loss leading to general debility.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14-49, 19....., to 8-20-49, 19....., that I last saw the deceased alive on 8-20-49, 19....., and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Andrew F. Mitchell Jr. M.D. (Degree or title) ADDRESS DATE SIGNED 8-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8-25-49 — NAME OF CEMETERY OR CREMATORY Seaford, Del. Colored — LOCATION (City, town, or county) (State) Seaford, Delaware

DATE REC'D BY LOCAL REG. 8/24/49 — REGISTRAR'S SIGNATURE Mrs Robt L Dash

24. FUNERAL DIRECTOR Norman D. Marshall — ADDRESS St Michaels Md

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AUG 26 1949
BUREAU P. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08163

Reg. Dist. No. 294

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) S. (Last) Murphy
4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-20-1894
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Crab & Oyster
11. BIRTHPLACE (State or foreign country): Tilghman Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Murphy
14. MOTHER'S MAIDEN NAME: Anna Cummings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Charles Murphy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion.

420.1 Antecedent cause(s) Found dead in boat. history of angina pain from family 4 yrs duration.

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Tilghman — (COUNTY) Talbot — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from never, 19....., to never, 19....., that I last saw the deceased alive on Aug 13, 1949, and that death occurred at Aug 15 a.m., from the causes and on the date stated above.

SIGNATURE: Guy M. Reese (Degree or title) Md. — ADDRESS: Tilghman Md. — DATE SIGNED: 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-17-49 — NAME OF CEMETERY OR CREMATORY: Tilghman Md. — LOCATION (City, town, or county): Tilghman (State) Md

DATE REC'D BY LOCAL REG.: 8/16/49 — REGISTRAR'S SIGNATURE: G. A. Jackson

24. FUNERAL DIRECTOR: J. Leeds Moore — ADDRESS: Tilghman Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 17 1949
BUREAU V. S.

Dr. Cox 08164

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Items 8,9: Film G.83 - 7-18-55L

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alfarata (Middle) (Last) Parker

4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 11, 1876 75
9. AGE last birthday 73 yrs. If under 1 year: Months 8 Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Parsonburg Md
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME Daniel J. Parker
14. MOTHER'S MAIDEN NAME Maria Tayfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Thelma Zebree, Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs?

334 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to 8-12-1949 that I last saw the deceased alive on 8-10-, 1949, and that death occurred at 3 30 a m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M. D. ADDRESS Easton Md DATE SIGNED 8-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 14/49
NAME OF CEMETERY OR CREMATORY Parsonburg Cemetery
LOCATION (City, town, or county) (State) Parsonburg, Md.

DATE REC'D BY LOCAL REG. 8/13/49
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR Carl W. Stafford ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08165

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) BESSIE (Middle) PEIRCE (Last)

4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1949

5. SEX FEMALE

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec 23, 1894

9. AGE last birthday 55 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired) Labor.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cordova Talbot Co.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME William Green.

14. MOTHER'S MAIDEN NAME Mary Dunby.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Cora Farrell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: Years

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Louis Whitty MD. (Degree or title) ADDRESS Easton Md DATE SIGNED 8-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/6/49 NAME OF CEMETERY OR CREMATORY Old Chapel Cemetery LOCATION (City, town, or county) Cordova Talbot Co (State) Md

DATE REC'D BY LOCAL REG. 8/5/49 REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Earlie Stafford ADDRESS Easton Md

RECEIVED
AUG 15 1949
BUREAU V. S.

08166

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Claiborne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Bay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1328 Columbia Rd ✓

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Belle (Last) Stevens
4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Div
8. DATE OF BIRTH Nov 28, 1921
9. AGE last birthday 27 yrs. If under 1 year Months 9 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Paul McDuffie
14. MOTHER'S MAIDEN NAME Norma Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank Kriglina

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Accidental drowning 8-28	Immed
8508 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Body recovered in Bay & brought	
172	(c) to Claiborne on 8-31-49	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bay
(CITY OR TOWN) In the Bay (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 28 (Year) 49 (Hour) ?7 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? ? fell from boat - drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Wetty MD. (Degree or title) DMe ADDRESS Easton Md DATE SIGNED 9-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/3/49
NAME OF CEMETERY OR CREMATORY Washington D.C.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Sept, 1-49
REGISTRAR'S SIGNATURE Mrs Robt L. Seth
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 5 1949
BUREAU V. S.

08167

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: nr Tilghman — LENGTH OF STAY (in this place): 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Knapps Narrows

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: N.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shallotte
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Eliotte (Last) WARTERS
4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-12-22
9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10b. KIND OF BUSINESS OR INDUSTRY: Dredge
11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unk.
14. MOTHER'S MAIDEN NAME: Fannie — Warters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 241-20-3602
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.9 Immediate cause (a) Accidental Drowning

Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Body recovered 8-30-49 c̄ 3 P.M.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Tilghman (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 28 (Year) 49 (Hour) ? m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ? 12 m., from the causes and on the date stated above.

SIGNATURE: Louis S Witty MD. (Degree or title) DME. ADDRESS: Easton Md. DATE SIGNED: 8-30-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept 2 — NAME OF CEMETERY OR CREMATORY: Wilmington N.C. — LOCATION (City, town, or county) (State): Wilmington NC

DATE REC'D BY LOCAL REG.: 8/31/49 — REGISTRAR'S SIGNATURE: G A Jackson
24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08168

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md — LENGTH OF STAY (in this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Freedus (Middle) W (Last) Whiteley

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1949

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: May 29 1865 — 9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm Whiteley — 14. MOTHER'S MAIDEN NAME: Mary Arnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. unknown — 17. INFORMANT: Mrs Vernay Whiteley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis Generalized — several yrs

610 Antecedent cause(s)

137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Primary Obstruction due to Prostatic Hypertrophy — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: Benign adenoma of prostate — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to Aug 8, 1949, that I last saw the deceased alive on Aug 8, 1949, and that death occurred at 6 35 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD — ADDRESS Easton Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 8/10/49 — NAME OF CEMETERY OR CREMATORY Chapel — LOCATION (City, town, or county) Chapel — (State) Md

DATE REC'D BY LOCAL REG. 8/9/49 — REGISTRAR'S SIGNATURE M A Nesbit — 24. FUNERAL DIRECTOR John D Williams — ADDRESS

VS. A15

RECEIVED
AUG 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08169

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) Golds Boro St

3. NAME OF DECEASED (Type or Print): (First) Homer (Middle) D (Last) Williams
4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1949
5. SEX: mak
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 11-18-29
9. AGE last birthday: 19 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Pgh. Penna
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Homer D Williams
14. MOTHER'S MAIDEN NAME: Clara Suppes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown | (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs Clara Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra cranial injury
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident
(c)

819.5
170 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Hi-way | (CITY OR TOWN) nr. Easton | (COUNTY) Talbot | (STATE) Md
TIME OF INJURY (Month) 8 (Day) 28 (Year) 49 (Hour) 3A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Driving car - struck tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Louis Welty (Degree or title) MD ADDRESS Easton Md DATE SIGNED 8-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/30/49 | NAME OF CEMETERY OR CREMATORY Pittsburgh | LOCATION (City, town, or county) Pittsburgh | (State) Pa

DATE REC'D BY LOCAL REG. 8/29/49 | REGISTRAR'S SIGNATURE M. A. Nevins | 24. FUNERAL DIRECTOR Eddlemans | ADDRESS Easton

VS. A15A

RECEIVED
SEP 3 1949
BUREAU V. S.

8/2

08170

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Wilson

4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1949

5. SEX F

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Dec 7, 1876

9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY HW

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Butler

14. MOTHER'S MAIDEN NAME Adeline Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Della Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443	Immediate cause	(a) Cardiac failure	
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease	
		(c) Primary atypical pneumonia	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Aug, 1949, to 4 Aug, 1949, that I last saw the deceased alive on 4 Aug, 1949, and that death occurred at 12 25 am FH m., from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 4 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 6/49

NAME OF CEMETERY OR CREMATORY Robinson A. McCullough

LOCATION (City, town, or county) Grasonville (State) Md

DATE REC'D BY LOCAL REG. 8/5/49

REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR John D. Williams ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
AUG 9 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 08171

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 118 E. 33rd St. ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) GEORGE (Last) WITTICH

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1949

5. SEX male
6. COLOR OR RACE white ~~[illegible]~~
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec 5, 1887
9. AGE last birthday 61 yrs. If under 1 year Months 8 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Builder
11. BIRTHPLACE (State or foreign country) Balto, Md
12. CITIZEN OF WHAT COUNTRY? citizen

13. FATHER'S NAME George Wittich
14. MOTHER'S MAIDEN NAME Louise Luckheart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Roberta Wittich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — (HISTORY)

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY INFARCTION	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HEAT EXHAUSTION STATE	2 days
	(c) CORONARY OCCLUSION — SPASTIC	6 years

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EXCESSIVE PHYSICAL ACTIVITY — 2 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 12, 1949, to AUG 12, 1949, that I last saw the deceased DEAD ON ARRIVAL alive on AUG 12, 1949, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE Arthur T. Milholland (Degree or title) Md. ADDRESS St. Michaels, Md. DATE SIGNED Aug. 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 15, 1949
NAME OF CEMETERY OR CREMATORY Lorriane
LOCATION (City, town, or county) Balto, Md (State)

DATE REC'D BY LOCAL REG. Aug 12, 49
REGISTRAR'S SIGNATURE Mrs Robt. L. Seth
24. FUNERAL DIRECTOR Neuman & Harrison ADDRESS St. Michaels, Md

THE SIGNING OF THIS CERTIFICATE WAS APPROVED BY DR. LOUIS J. WELTY TALBOT COUNTY MEDICAL EXAMINER

RECEIVED
AUG 13 1949
BUREAU V. S.

08172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Irytown
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton RD Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Wright.
4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1949

5. SEX M.
6. COLOR OR RACE Colored
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Sept. 15, 1879
9. AGE last birthday 70 yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Talbot County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Wright
14. MOTHER'S MAIDEN NAME Ella Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Joseph Opher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) Chronic Myocarditis	yes
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anasarca	6 mo
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1949, to 8-16, 1949, that I last saw the deceased alive on 8-15, 1949, and that death occurred at 7:30 a m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8-16-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)
DATE THEREOF 8/19/49
NAME OF CEMETERY OR CREMATORY Irytown
LOCATION (City, town, or county) (State) Talbot County

DATE REC'D BY LOCAL REG. 8/17/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Leon W. Henry ADDRESS 310 South St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1949
BUREAU V. S.